

Categorization of Abdominal Pain

Obstruction is usually **colicky** (comes and goes) with contraction of the obstructed lumen. The pain is **localized** - generally near the area of the affected organ (gallbladder, kidney). The patient will squirm to try to find comfort, but will find none. If there are signs of peritoneal irritation (though there are often **none**) they will be **localized**.

Perforation presents with a **sudden onset** of abdominal pain that is both **vague** and **persistent**. It is severe. This person will lay **motionless** in fear that any movement will slosh fluid around and aggravate their pain. There will be **obvious peritoneal signs**.

Inflammation has a **crescendo** abdominal pain that becomes **constant** and is **localized** - as is the peritoneal pain. Inflammation causes systemic findings: **fever + leukocytosis**.

Ischemia of visceral organs causes necrosis. This presents with a **sudden onset** abdominal pain that is **out of proportion** to the physical exam. There are no signs of peritoneal irritation; there may be **bloody stool** if the gut is affected. Look for the old guy whose status is post **MI** (shock) or with **Afib** (arterial emboli). Intervene **early** rather than later.

Management

If the acute abdomen is more than just abdominal pain, in that there are **⊕ peritoneal findings**, the only option is **Ex-Lap**. Finding the correct cause isn't necessary, but testing is often done. An **upright X-ray** will demonstrate **free air under the diaphragm** and a **CT scan** can likely give the correct diagnosis. Before cutting get the usual tests to rule out **mimickers** of Acute Abdomen pain and identify risk factors for surgery: **CXR** (lower lobe pneumonia), **EKG** (MI), and **Amylase/Lipase** (pancreatitis). Finally, if the patient is at risk for **spontaneous bacterial peritonitis** (larger amount of ascites), a paracentesis may be done in conjunction with treatment against the bacteria. All other causes of abdominal pain are covered in their respective sections.

Peritoneal Signs

- 1) Abdominal Pain
- 2) Involuntary Guarding → SURGERY!
- 3) Rebound

Systemic Findings of Inflammation

- 1) Fever
- 2) Leukocytosis
- 3) Tachycardia

For more information on "Acute Abdomen" aka "Abdominal Pain for Surgery" check out the associated GI content

Type	Timing	Pain	Peritoneal	Timing	Patient	Dx	Tx	Examples
Perforation	Sudden Onset	Severe	Generalized	Constant	Motionless	Upright KUB	Ex-Lap	Duodenal Ulcer, Chicken Bone, Iatrogenic
Obstruction	Sudden Onset	Severe	Localized	Colicky	Moving Around	U/S or CT scan	Variable	Cholecystitis, Ureteral Stone, Ectopic Pregnancy
Inflammation	Crescendo	Severe	Localized	Constant @ maximum intensity	Fever + Leukocytosis	U/S or CT scan	Variable	Diverticulitis Appendicitis Pancreatitis Salpingitis Cholecystitis
Ischemia	Sudden Onset	Severe out of proportion to physical exam	Generalized	Constant	Bloody Diarrhea, s/p MI or Afib	Arteriogram, Colonoscopy	Ex-Lap	Mesenteric Ischemia